

ELIOT. (L.)

# On the Diagnosis of Pregnancy in the Early Months.

BY  
LLEWELLYN ELIOT, M.D.,  
OF WASHINGTON, D. C.

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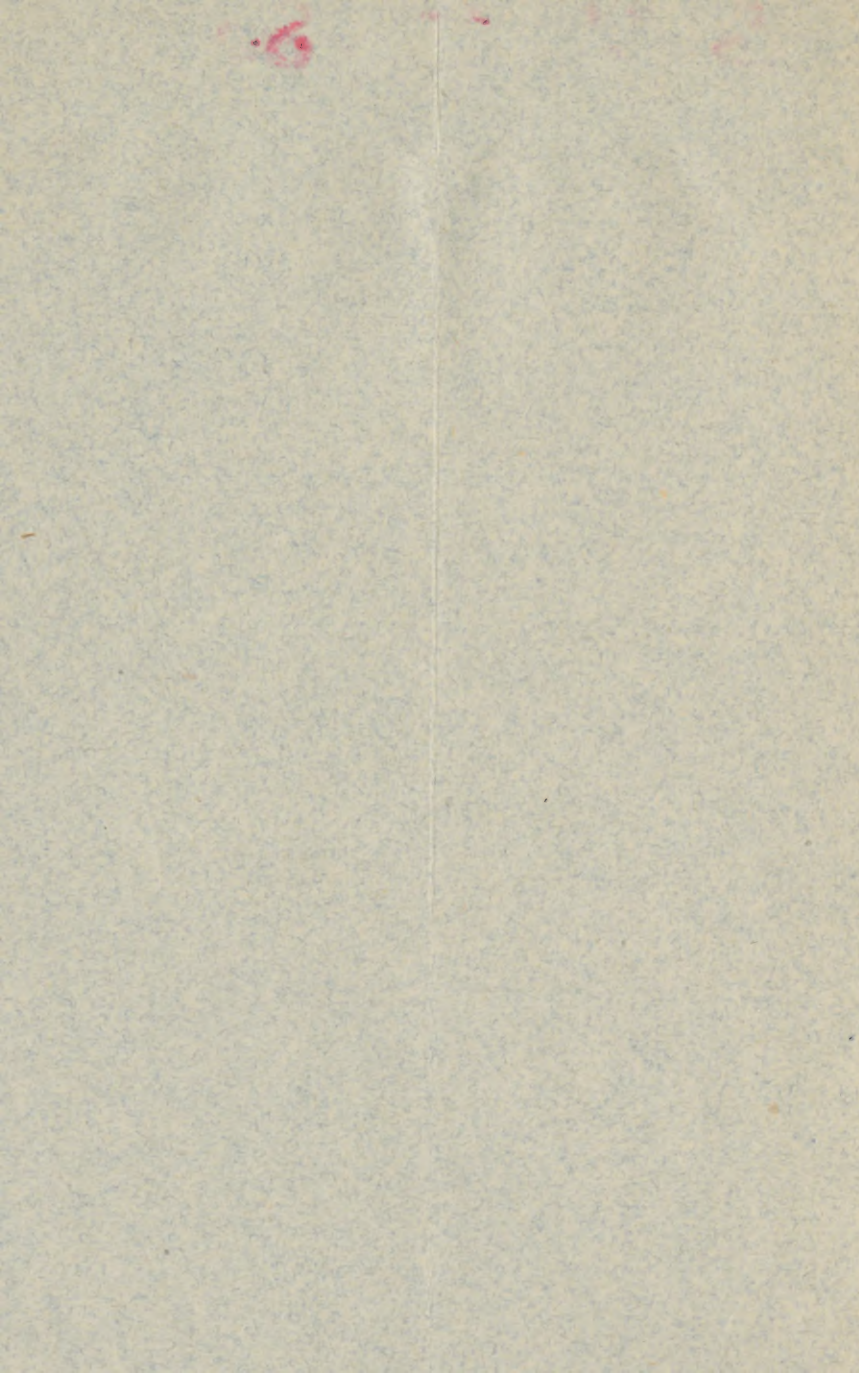
*Read before the Medical Society of the District of Columbia,  
January 30, 1889.*

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Reprinted from the "Journal of the American Medical  
Association," June 22, 1889.

*presented by the author*

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1889.



*Presented by Llewellyn Eliot*

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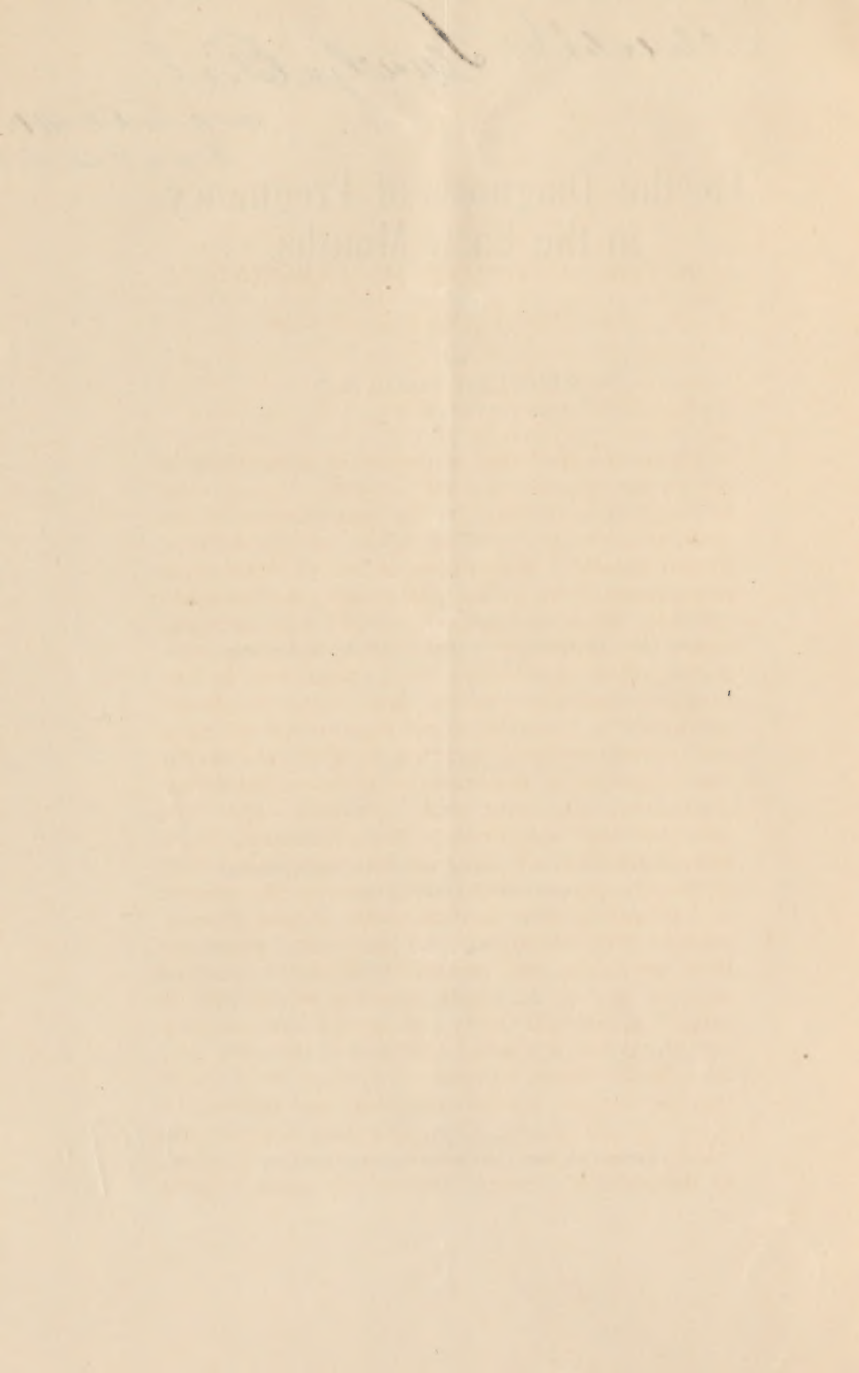
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## ON THE DIAGNOSIS OF PREGNANCY IN THE EARLY MONTHS.

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In speaking of the diagnosis of pregnancy in the earlier months, I desire to state that I refer to the time previous to the appearance of the positive signs, or, in other words, previous to the fourth month. The subject is one of very great importance, both to the patient and to the medical man, for upon his decision will rest, in many cases, the domestic happiness of families, especially when considered with reference to the younger female members. An error in diagnosis can never be remedied, for it matters not whether we pronounce for or against pregnancy and the final outcome of the case be different from our prediction, the error will live long after the case has been forgotten by the physician. It is this possibility of injuring our reputation that makes the subject of so much greater importance and demands that medical men should be conversant with all the signs of pregnancy, presumptive, probable, and positive. When a married woman desires to know whether or not she is pregnant, she will freely confide her symptoms to her physician, knowing that this is the only way for him to form a positive opinion, even allowing the vaginal examination, but how different is it, as we all know, when a young woman has fallen from virtue, becomes pregnant and seeks treatment for a suppression of the menses and a

nausea and sick stomach in the morning. In such a case there is frequently the greatest difficulty in forming a diagnosis, for she will deny all symptoms, she will admit nothing, and assume the rôle of injured innocence when closely interrogated as to her habits, protesting all the while that the suppression is but the result of exposure to the cold and wet ; that she never was regular ; that her appetite and digestion never were good ; that she has backache, which is always a premonitory symptom with her of the approach of the menstrual period. Now what excuse could we have for proposing an examination of the breasts, an inspection of the vagina for its discoloration, an examination of the cervix, an application of the thermometer, or an examination for Hegar's shortening of the neck, in a case of this kind? Our suspicions might make us anxious to apply any or all of these tests, but the patient would refuse to see the necessity of it and seek advice from some one who would not ask "impertinent questions." In a case like this the pulse rate is, in my opinion, the most reliable sign, for its application requires neither exposure nor vaginal examination, it is simple, and is a sign not generally known to women, and will guide us in our further disposition of the case.

Let us see what are the signs of pregnancy in the earlier months, previous to the positive signs of this condition, that is to say, previous to the end of the fourth month.

The first sign of pregnancy is the suppression of the catemenia, then follows a bilious attack, a disordered state of the stomach, with nausea and vomiting, vesical tenesmus and irritability, kysteine in the urine, salivation, changes in the mammæ, flattening of the abdomen, softening of the cervix uteri, depraved appetite with longings,

violet discoloration of the mucous membrane of the vagina, and descent of the uterus.

We must remember that the probable and presumptive signs of pregnancy may or may not be the result of gestation; that they may be the effects of various morbid conditions of the uterus or other organs of the system, with which pregnancy has no connection, and that the positive signs are evidences of undoubted value.

In regard to the suppression of the menstrual discharge, suppression may result from other causes; newly-married women sometimes skip two or three months and then become regular, again it may not be suppressed at any time during the gestation. I have seen it occur three successive months after impregnation. The vomiting and nausea may follow from other causes. Depraved appetite and longings for various articles of diet are reliable signs. I have known cases in which enormous quantities of starch have been consumed by the patient. The breasts begin to change about the second month, the nipple becomes more sensitive, projects, swells, and assumes a darker color; the areola is completed about the fourth month.

Neuralgias, hysteria, syncope, a sensation of increased bodily heat, dizziness, change of disposition, headache, occasional rigors, pigmentation and swelling of the face, together with various nervous derangements, very frequently occur.

Kyesteine has been found as early as the fifteenth day, and frequently at the second month, but its presence is most characteristic from the third to the sixth months, and diminishes from the seventh month.

Chloro-anæmia may result from the disordered gastric function and the altered condition of the blood, to improve after the fourth month. At from three to three and a half months, the abdo-

men begins to regularly and permanently enlarge. The vaginal mucous membrane becomes discolored, assuming a blue or violet color, as this may be found in all cases in which there is a predisposition to a vascular condition of the genito-urinary apparatus it loses its importance as a diagnostic sign. The uterus retains its normal position during the first three months, but the fundus rises as the organ enlarges, while the neck and inferior part subside more towards the floor of the pelvis. This I take to be the principle of Hegar's shortening of the neck of the uterus. At the fourth month the uterus may be felt three or four fingers' breadth above the pubis. The lips of the os uteri begin to soften towards the end of the first month; at the fifth month the cervix diminishes, to be gradually obliterated at the end of term.

M. Larcher, in 1828, and again in 1857, called attention to the hypertrophy of the heart, and M. Blot has confirmed his observations. This hypertrophy, like that of the uterus, passes away after delivery. J. Braxton Hicks has published several articles in which he places great faith in the uterine contractions which occur throughout pregnancy, at a time varying from three to twenty minutes and continuing for a space of three to five minutes. I place reliance upon the pulse test, Jorissenne's sign, and have employed it for the past seven years, in a great number of cases. There can be no possible objection raised to counting the pulse, and the result has removed all doubts in those cases in which I have employed it.

The diagnosis by Hegar's sign, by the thermometer, or by the softened condition of the os uteri, I have not been able to practice sufficiently to draw any satisfactory conclusions, as in each of the cases I have been controlled by the pulse test.

The principal object of this paper is to call attention to the value of the pulse test in those cases where much professional tact is required to solve the question of pregnancy. The following may be cited as a few of the cases in which I have applied this method of diagnosis :

No.	Period Missed.	Date of Examination.	Pulse.			Diagnosis.	Remarks.
			Standing	Sitting	Lying		
1	August 2, 1884	August 27, 1884	72	76	74	Pregnant.	Delivered Jan'y
2	May 15, 1884	May 20, 1884	64	64	68	"	"
3	July 17, 1885	August 17, 1885	84	86	88	"	Abortion Sept.
4	May 25, 1885	August 25, 1885	98	102	98	"	" June
5	June 17, 1885	June 20, 1885	64	68	64	"	" March
6	January 18, 1886	January 23, 1886	96	100	96	"	Delivered
7	August 15, 1886	August 22, 1886	94	100	94	"	"
8	November 8, 1886	November 12, 1886	92	92	92	"	"
9	October 22, 1886	October 26, 1886	96	100	98	"	"
10	April 4, 1887	June 23, 1887	82	82	86	"	Abortion Feb'y
11	November 13, 1886	January 6, 1887	94	96	95	"	Delivered
12	March 15, 1887	March 22, 1887	72	76	74	"	"
13	May 19, 1887	May 29, 1887	80	84	82	"	"
14	November 26, 1887	December 5, 1887	74	78	72	"	"
15	September 17, 1887	December 26, 1887	94	94	94	"	"
16	December 14, 1887	January 3, 1888	66	68	66	"	"
17	March 18, 1888	April 2, 1888	82	86	82	"	"
18	August 12, 1888	September 16, 1888	58	60	56	"	Under observat'n*
19	August 12, 1888	September 2, 1888	82	82	86	"	Abortion Dec.
		September 15, 1888	84	84	86	"	"

\* Delivered May 1.

The value of the pulse test consists in the sameness, or very little variation in the number of the radial pulsations, and while it is not infalli-

ble it possesses enough certainty to give it a place in the positive signs in forming the diagnosis of pregnancy. According to Jorissenne's article published in the "Ann. Soc. de med-chir de Liege," vol. xxi, he has employed this sign since 1878, and some of the particulars of his cases are most conclusive. He refers to an article of H. Schapiro, published in Russian, in 1881, but I have seen neither the article nor the review of it which was published March 4, 1882, in the *Centralblatt für Medicinischen Wissenschaften*.



